

## **FOR HEALTH CARE PROVIDERS**

### **COMMON QUESTIONS AND ANSWERS ABOUT CALIFORNIA'S HIV REPORTING REGULATIONS**

*The following document is designed to provide a quick reference guide for California health care providers to assist them in understanding their roles and responsibilities for reporting HIV by Non-Name Code. For a copy of the complete HIV reporting regulations text, please refer to the Department of Health Services (DHS), Office of AIDS (OA) website at [www.dhs.ca.gov/AIDS/](http://www.dhs.ca.gov/AIDS/).*

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**1. Please describe the HIV reporting process.**

HIV (in the absence of an AIDS diagnosis) is now a reportable communicable disease in California. Cases are to be reported by a Non-Name Code instead of the patient's name. The process involves a dual reporting system wherein both the clinical laboratory and the health care provider report selected components of the Non-Name Code for the same case to the local health department (LHD) HIV/AIDS Surveillance Program. This process provides a built in checks-and-balances system for matching and unduplicating reported cases of HIV infection. For specific information about the HIV reporting process, please refer to the HIV reporting regulations text and the HIV Reporting Flow Chart which are available on the OA website. The HIV reporting regulations are published in the California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 1, Article 3.5, Sections 2641.5 – 2643.2.

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**2. Do the HIV reporting regulations require that a health care provider keep a cross referencing system on who they report?**

Yes. Section 2643.5(h) of the HIV reporting regulations states, "... the health care provider shall maintain a system which cross-references patient data by using either the Partial Non-Name Code or the Non-Name Code. This system shall be used only to exchange information with the Local Health Officer in order to complete or unduplicate the HIV case reports." LHD HIV/AIDS Surveillance Programs can supply providers with a sample cross referencing form that can be copied in its entirety or modified to meet a provider's specific record-keeping system.

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### **3. What is the difference between the Non-Name Code and the Partial Non-Name Code?**

The Non-Name Code (NNC) consists of the patient's Soundex (a four digit alphanumeric code that is derived from the patient's last name), date of birth, gender and last four digits of the patient's social security number. The Partial Non-Name Code consists of the first three elements of the NNC (Soundex, date of birth and gender). Laboratories are responsible for submitting the Partial Non-Name Code to the health care provider (HCP). The HCP completes the code by adding the last four digits of the social security number via completion of a California Department of Health Services, HIV/AIDS Confidential Case Report form. This form is submitted to the LHD HIV/AIDS Surveillance Program.

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**4. Should a provider keep a copy of the HIV case report form in the patient's medical records?**

This is not a requirement and is the decision of the provider. It may help substantiate the reporting of a case and assist in case follow-up.

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**5. The lab data on the case report form asks for “detectable” viral load results. Does that mean that “undetectable” viral load results are not reportable?**

No. “Undetectable” viral loads are reportable. The FDA has approved viral load testing only as a method to monitor the efficacy of HIV treatment; therefore it is to be assumed that these tests are being ordered on patients who are infected. If viral load tests are ordered for persons whose sero-status is unknown (to determine recent exposure for example), it will be incumbent upon physicians and public health staff to resolve which tests are subject to HIV reporting regulations. Since HCPs only submit one case report per patient, reporting undetectable viral loads should not impose an undue burden on the HCP.

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**6. When completing the HIV Confidential Case Report form, what is the determining factor in identifying whether a patient's gender is "3" or "4"?**

There are four genders identified on the California Department of Health Services, Adult HIV/AIDS Confidential Case Report form: 1-male; 2-female; 3-transgendered male to female; and 4-transgendered female to male. The gender selected should be how the patient self-identifies.

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**7. Are health care providers “legally” required to inform the patient about HIV reporting when ordering a HIV test?**

No. There are no laws or regulations that require providers to inform or educate their patients that confirmed cases of HIV are reported by Non-Name Code. Some providers may feel they have an ethical obligation to inform their patients, while others may choose not to inform patients of HIV or any other communicable disease reporting requirements.

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**8. Are there actual Social Security Numbers that end in four zeroes?**

No. The last four digits of the Social Security Number are issued in a sequential numbering order. After the sequence reaches "9999," the next sequence starts over at "0001."

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**9. How many days do providers have to report and to whom do they send the report?**

According to Section 2643.5(c) of the HIV reporting regulations, health care providers must report “confirmed HIV test results” to the local health department within seven calendar days of receiving the confirmed test result and Partial Non-Name Code from the laboratory. Providers must report by completing the California Department of Health Services HIV/AIDS Confidential Case Report form DHS 8641A or DHS 8641P.

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**10. Where do providers obtain the HIV/AIDS Confidential Case Report form?**

Copies of the case report forms may be obtained from your local health department's HIV/AIDS Surveillance Program.

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**11. Are drug and alcohol programs, developmental centers, and state hospitals required to report?**

Yes. All providers submitting HIV laboratory tests who can receive the test results, except those exempted in Section 2643.20 of the HIV reporting regulations, must report confirmed cases to the local health department.

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## **12. Is electronic reporting for providers available?**

No. Regular mail is the only acceptable method of transferring data. Consistent with AIDS case reporting, transmission by e-mail and fax must be avoided. Contact your local health department HIV/AIDS Surveillance Program to arrange to transfer data by diskette.

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**13. Are there legal ramifications for health care providers who fail to report confirmed HIV cases?**

Yes. Every person charged with a duty under the HIV Reporting Regulations who willfully neglects or refuses to report in accordance with the regulations is guilty of a misdemeanor under Health and Safety Code section 100182 and may be subject to prosecution.

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**14. Are physicians who offer anonymous testing required to report confirmed positive HIV cases?**

If a physician knows the patient's identity and/or records the positive test result in the patient's medical record, then the test is not anonymous and the physician is required to report the case. However, if a physician offers truly anonymous HIV testing, then confirmed test results are exempt from reporting. It is important to note that HIV positive persons who seek medical care after testing in an anonymous clinic or physician's office will be reported at time of treatment (because anonymity is relinquished).

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